

CAMPBELLSVILLE HOUSING & REDEVELOPMENT AUTHORITY
P. O. Box 597
400 Ingram Ave.
Campbellsville, KY 42718
Telephone: 270-465-3576 Fax: 270-789-4497
TDD: 1-800-648-6056 Email: campbellsvillehousing@yahoo.com
Website: <http://www.cvillehousingonline.com>

APPLICATION
For
PUBLIC HOUSING & HOUSING CHOICE VOUCHER

Instructions: Please read carefully. Incomplete applications will not be processed.

1. This application is valid for all housing programs operated by the Campbellsville Housing Authority.
2. To be qualified for admission to housing an applicant must:
 - (a) Be a family as defined in CHRA's Admission and Continued Occupancy policy, Administrative Plan and/or Tenant Selection Plan;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the CHRA office;
 - (d) Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers;**
 - (e) Provide copies of birth certificates of all children listed on application;**
 - (f) Provide a photo ID for all adult household members;**
 - (g) Provide copies of marriage license, divorce decrees, child support agreements and foster children awards;**
 - (h) Meet or exceed the Applicant Selection Criteria;
 - (i) Pay any money owed to CHRA or any other housing authority/agency;
 - (j) Not have had a lease terminated by CHRA in the past 12 months;
 - (k) Be able and willing to comply with the Housing Authority lease; and
 - (l) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the appropriate program waiting list in the order received. The waiting list will then be processed in accordance with procedures outlined and posted in the CHRA office.
4. Applicants with disabilities, or anyone that needs help, may seek assistance with the completion of the application at CHRA's office at the address above **by appointment only**.
5. PHA will conduct a criminal record check and rental history on all applicants age 18 years and older.
6. PUBLIC HOUSING ONLY: A \$200 security deposit will be charged for public housing new admissions, and, the Post Office charges a \$30 fee to obtain a key to the mail box (required).

We do not discriminate against any person because of Race, Color, Creed, Religion, Age, Sex, Disability, Familial Status, or National Origin.

CHRA use Only:

Date of Application: _____ Time of Application: _____ App #: _____

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Street Address, Apt. #: _____
 City, State and Zip: _____
 Home & Work Phone #s: _____
- Alternate Contact Person: _____ Phone # _____
- Email Address: _____

Please Complete For Statistical Purposes Only

4. Race of Head: Caucasian/White African American/Black Asian or Pacific Islander
 Native American/ Alaskan Native
5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

I/We wish to apply for one or more of the following programs:

Public Housing _____ **HCV (Section 8) Waiting List is closed effective June 1, 2025, until further notice.**

Please circle the number of bedrooms needed: 1 2 3 4 5
 (The Campbellsville Housing & Redevelopment Authority may adjust the number of bedrooms to meet our selection and occupancy criteria. See the "Program Descriptions" insert for information regarding all housing programs.)

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the housing unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit. Applicants are not required to disclose gender. An applicant may choose: (M) Male, (F) Female, or (ND) Choose not to disclose.

| | First Name & Last Name if different from Head's | Date of Birth | Age | Sex M/F/ND | Social Security Number | Relation to Head | Disabled Person Y/N | Birthplace | Student Y/N | For Children: Father's Name & Address |
|----------|---|---------------|-----|---------------|------------------------|------------------|------------------------|------------|----------------|--|
| H | | | | | | Head | | | | N/A |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

6. Is the applicant family displaced by a declared natural disaster, such as a flood, hurricane, earthquake, etc.?
 Yes No. If yes, who can verify this? Please give name, address and phone #.

7. Do you anticipate any changes in your family composition within the next 12 months? ___ Yes ___ No
 If yes, please explain, _____

8. Is the applicant family displaced by governmental action through no fault of their own? Yes No If yes, who can verify this? Please give name, address & phone number.
9. Is the applicant family displaced by domestic violence? Yes No If yes, who can verify this? Please give name, address, and phone number.
10. Is any adult family member employed? Yes No If yes, name, address & phone # of employer.
11. Is any adult family member enrolled in a job-training program, including one required under the Welfare program? Yes No If yes, please describe.
12. Is any adult family member enrolled in an education program? Yes No
13. Is the education program part-time or full-time? Part-Time Full-Time
Please describe program

IMPORTANT! INCOME SECTION MUST BE FULLY COMPLETED!

14. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members including yourself. Include all wages earned (including self-employment income, income from odd jobs or irregular work), benefits received from KTAP/TANF, VA Pension, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

| Family Member Name | Income Source | Amount \$ | Frequency – Per |
|--------------------|---------------|-----------|--|
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |
| | | | <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year |

15. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No If yes, describe the type of asset(s) please:
Bank or Financial Institution:
What is the market value of all assets?
16. Do you own any real estate? Yes No If yes, what is the address?
17. Have you sold any real estate in the past two years? Yes No If yes, what was the address?

STOP! HAVE YOU COMPLETED THE FAMILY INCOME SECTION?

RENTAL REFERENCES

18. Current Landlord's name and phone # _____
Date Family Moved to this location _____

19. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____

20. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

21. Are you currently living in any type of government housing (public housing, Section 8, etc.)?
_____ If yes, where? _____

22. Have you ever lived in government assisted housing before? Yes No If yes, where? _____
Dates: From _____ To _____
Name of Housing Authority/Agency: _____
Do you owe any money to the housing authority/agency? Yes No

23. Have you ever been evicted from housing? Yes No If yes, why? _____

24. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: _____

Please provide the CHRA with the name and address of your current or most recent landlord. The CHRA will delay the processing of your application if we do not receive this form. The CHRA may contact all former landlords in order to determine tenant suitability.

Screening Questions: A "yes" answer will not necessarily disqualify you for admission.

25. Has any adult household member ever lived in any state other than Kentucky since turning 18? _____
If yes, where? _____

26. Has any adult household member ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the nature of the problem and who was involved.

27. Does any adult household member have criminal charges pending?

28. Is any adult household member currently on parole or probation? Yes No If yes, please explain:

Qualifying for Deductions in Calculating Rent:

29. Is the head of household or spouse age 62 or older, or a person with a disability? Yes No
If yes, please answer the following questions. If no, please skip down to question # 30.

30. Does your household have any medical expenses (include health insurance, medicare deduction, doctor visits, hospital, clinic costs, prescription medication, therapy, supplies, medical transportation, etc.)? Yes No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense.

Monthly medical expense: \$ _____

31. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes No If yes, describe the nature of the expense. _____

Monthly medical expense: \$ _____

32. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training? Yes No If yes, please list the name, address and phone # of your child-care provider. _____

Monthly un-reimbursed child care cost: \$ _____

33. Is any member of the household, age 18 or older other than the family head and spouse, a full time student or a person with a disability? Yes No If yes, name of family member: _____

34. **The following question is voluntary and must be asked of all applicants.**

Does any member of your family require a handicap accessible unit or any other handicap accommodations? Yes No If yes, please explain. _____

35. Do you have an automobile: _____ If yes, year _____ Make: _____ Model: _____

36. Another vehicle? _____ If yes, year _____ Make: _____ Model: _____

My signature below will acknowledge that I have received the EIV & You brochure that was provided to me in the application packet received from the Campbellsville Housing & Redevelopment Authority.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that false statements made on this application are punishable under Federal Law and may cause me/us to be disqualified for admission, evicted or have assistance terminated.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

CAMPBELLSVILLE HOUSING & REDEVELOPMENT AUTHORITY
Programs Available for Application

Program Descriptions

Public Housing

Modern, fully air-conditioned, 0, 1, 2, 3, 4 & 5 bedroom units. Developments are in various locations throughout Campbellsville. Washer/dryer hookups, private entrances, utilities available, maintenance services with 24-hour emergency service available. Police patrols for added security. Rent based on 30% of adjusted income with "Flat Rents", Effective **January 1, 2026**, not to exceed the following:

| | |
|-----------|---------|
| 0 Bedroom | \$495 |
| 1 Bedroom | \$632 |
| 2 Bedroom | \$693 |
| 3 Bedroom | \$963 |
| 4 Bedroom | \$967 |
| 5 Bedroom | \$1,112 |

All Public Housing units are owned, operated and maintained by the Campbellsville Housing & Redevelopment Authority.

Housing Choice Voucher

Voucher holders choose a rental unit in the private market and pay 30% - 40% of adjusted income to owner as rent. Balance of owner's rent paid by Campbellsville Housing & Redevelopment Authority as **Housing Assistance Payment (HAP)**. Voucher holders sign a 1 year lease with owner (provided by CHRA) and renewed on a month-by-month basis. Security deposit is determined by the property owner/landlord. The approved Payment Standards or the Housing Choice Voucher program effective **January 1, 2026**, are as follows:

| | |
|-----------|---------|
| 0 Bedroom | \$680 |
| 1 Bedroom | \$948 |
| 2 Bedroom | \$953 |
| 3 Bedroom | \$1,324 |
| 4 Bedroom | \$1,329 |
| 5 Bedroom | \$1,529 |

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

RENTAL HISTORY

To be completed by Applicant's current or most recent landlord

Landlord's name: _____
and address : _____

Return to: Campbellsville Housing Authority
P. O. Box 597
Campbellsville, KY 42719-0597
Phone (270) 465-3576
Fax (270) 789-4497

Applicant Name _____ Applicant Signature _____

The above identified person has recently applied for residency with the Campbellsville Housing Authority, Campbellsville, KY. This family indicated to us that you have or have had the family as a resident in your property located at: _____.

As indicated by this person's signature on the above line, the applicant consents to the release of information pertaining to their rental history for our use to determine their eligibility at this complex. We would greatly appreciate your cooperation in completing the applicable areas below and returning this form to us in the enclosed self-addressed, stamped envelope.

Landlord: Please answer the following questions regarding the applicant's rental history.

How long did the applicant reside at this address? _____.

The applicants dates of residency were from _____ to _____.

What was their monthly rent? _____. Was any or all paid by the government? _____.

Was the applicant ever behind in their rent payments? _____.

Was the applicant's housekeeping habits acceptable? _____.

Was applicant destructive to the premises? _____.

What was the condition of the premises at the time of move-out? _____.

Were there any problems with applicant's family or visitors? _____.

Did applicant allow unauthorized persons to live in dwelling? _____. If so, can you give the name of person(s)? _____.

Was there ever any problems or evidence of drug related or violent criminal activity? _____.

If so, please explain. _____.

Does the applicant currently owe you for any rent, damages or other charges? _____.

If so, the amount. _____.

Would you rent to the applicant in the future? _____. If not, why not? _____.

Additional comments: _____

Landlord Signature _____ Date: _____

Are you related to the Tenant? ___ Yes ___ No Phone _____

CAMPBELLSVILLE HOUSING & REDEVELOPMENT AUTHORITY

Reasonable Accommodation Request Form

For Persons or Families with Disabilities

Part A: Questions to clarify accommodation requested.

1. What specific accommodation are you requesting?

| |
|--|
| |
|--|

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No

If yes, please explain.

| |
|--|
| |
|--|

3. Is your accommodation request time sensitive? Yes No

If yes, please explain.

| |
|--|
| |
|--|

Part B: Questions to document the reason for accommodation request.

1. What, if any, housing/residency issues are you having difficulty performing?

| |
|--|
| |
|--|

2. What, if any, housing benefits are you having difficulty accessing?

| |
|--|
| |
|--|

3. What limitation is interfering with your ability to comply with your lease or housing policies or access a housing benefit?

| |
|--|
| |
|--|

4. Have you had any accommodations in the past for this same limitation?
 Yes No

If yes, what were they and how effective were they?

5. If you are requesting a specific accommodation, how will that accommodation assist you?

Part C: Other. Please provide any additional information that might be useful in processing your accommodation request.

Signature of Head of Household

Date

Please return to: Campbellsville Housing Authority
400 Ingram Ave.
Campbellsville, KY 42718

Or mail to: Campbellsville Housing Authority
P. O. Box 597
Campbellsville, KY 42719

For Office Use Only

Received By

Date

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
100 MILLCREEK PARK
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature

Date

Tax Exempt Number

E-mail address (sent to this e-mail only)

Company

Telephone Number

CHRA

Requestor/Contact Person

Please denote which purpose applies to this request:

Address

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____

City, State, Zip



ADMINISTRATIVE OFFICE OF THE COURTS
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PLEASE PRINT OR TYPE THE INDIVIDUAL'S INFORMATION CLEARLY.

SOCIAL SECURITY NUMBER: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS / P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

* ALL INFORMATION BELOW IS REQUIRED.

Individual's Signature _____

Date _____

Tax Exempt Number _____

E-mail address (sent to this e-mail only) _____

Company _____

Telephone Number _____

CHRA

Requestor/Contact Person _____

Please denote which purpose applies to this request:

Address _____

- Employment
- Criminal Investigation
- Screening Housing Applicants
- Volunteer/Care over Juvenile
- Licensing
- Other (please explain) _____

City, State, Zip _____

CAMPBELLSVILLE HOUSING & REDEVELOPMENT AUTHORITY

Public Housing, Housing Choice Voucher & Section 8 New Construction

Declaration of United States Citizenship

I hereby declare, under penalty of perjury, that I am a citizen of the United States of America.

PRINT NAME-----SIGNATURE-----DATE-----
Head of Household

PRINT NAME-----SIGNATURE-----DATE-----
Spouse/Co-head

PRINT NAME-----SIGNATURE-----DATE-----
Household Member

PRINT NAME-----SIGNATURE-----DATE-----
Household Member

PRINT NAME-----SIGNATURE-----DATE-----
Household Member

PRINT NAME-----SIGNATURE-----DATE-----
Household Member

PRINT NAME-----SIGNATURE-----DATE-----
Household Member

Witness: _____
Signature & Date

Note: For each adult, the form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

This document will be filed in the head of household's file folder and serve as verification and evidence of declaration of U. S. Citizenship.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

| | | | |
|--|------|---------------------------------|------|
| _____ | | _____ | |
| Head of Household | Date | | |
| _____ | | _____ | |
| Social Security Number (if any) of Head of Household | | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Spouse | Date | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |
| _____ | | _____ | |
| Other Family Member over age 18 | Date | Other Family Member over age 18 | Date |

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date): Campbellsville Housing & Redevelopment Authority, 400 Ingram Ave., P.O. Box 597, Campbellsville, KY 42719; (270) 465-3576

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are 18 and over must provide the Housing Owner with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD and a Public Housing Agency (PHA) may verify the information you provide by checking with the records kept by certain public agencies (IRS, Social Security Administration, and the State agency that keeps wage and unemployment compensation claim information).

You give your consent to the release of this information by signing form HUD-9887.

Only HUD and the PHA can receive information authorized by this form.

2. The Owner must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887-A and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the Owner can receive about you.

Example: The amount of income you receive helps to determine the amount of rent you will pay. The owner will verify all of the sources of income that you report.

Example: There are certain allowances that reduce the income used in determining tenant rents. Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the owner is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the owner cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the PHA or the Owner is subject to State privacy laws. Employees of HUD, the PHA, and the Owner are subject to penalties for using these consent forms improperly.

You do not have to sign the form HUD-9887 or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The Owner will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the Owner shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

if an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the Owner may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The Owner must tell you, or a third party which you choose, of the findings made as a result of the Owner verifications authorized by your consent. The Owner must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3. However, for information received under the form HUD-9887, HUD, the PHA, or the Owner may inform you of these findings.

Owners must keep tenant files in a location that ensures confidentiality.

Any employee of the Owner who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the Owner to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.

2. **Form HUD-9887:** Allows the release of information between government agencies.

3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.

4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the Owner must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the Owner must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the Owner. See paragraph 17 of your Lease.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

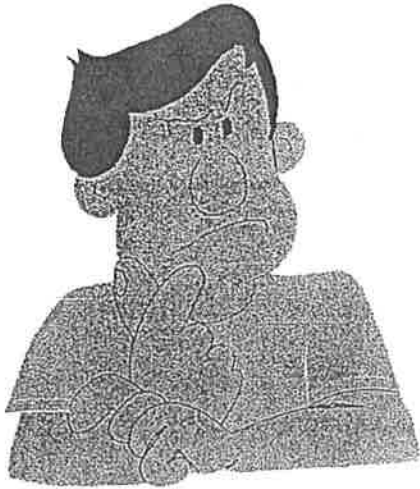
Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Owners must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoi.gov. You can write the Hotline at:



HUD OIG Hotline, GI
451 7th Street, SW
Washington, DC 20410

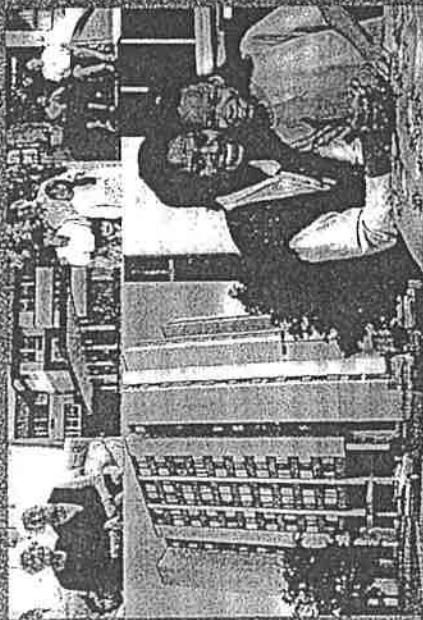


RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

- The Social Security Administration:
- Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Entitlementment SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

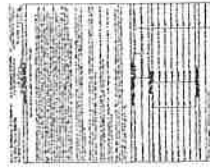
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFCU payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

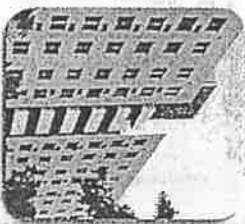
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-9470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/nsg/mfh/hlip/eiv/home.cfm.

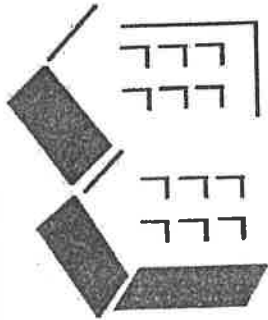


JULY 2009



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD and a CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/hpi/programs/hpiiv/iv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)